

EMERGENCY EQUIPMENT SUMMARY/LOCATIONS  
SABRELINER CORPORATION  
INDEPENDENCE, KANSAS  
Page 1 of 4

Item	Description	Capability
Multigas meter	Hand-held meter with extended wand	Monitors the following:  Oxygen Carbon monoxide Lower explosive limit
Volatile organic vapor analyzer	Photoionization detector	Measures concentration of total volatile organic vapors between 0 and 1,000 ppm
Blue pig socks, mats, and pillows	Blue-colored absorbent materials	Absorb solvents, water, oil, coolant, and hydraulic fluids
Pink Haz-Mat pig socks, mats, and pillow	Pink-colored absorbent materials	Absorb corrosive materials (acids and bases)
Pig skimmer socks, mats, and pillows	White-colored absorbent materials	Absorb oil, not water
Trash bags	Plastic trash bags for disposal of used absorbent materials	Will contain all absorbent material for a single spill kit
Response kit and overpack drum	Plastic spill kit overpack, drum on drum dolly	Will hold emergency response equipment and containerize waste after spill cleanup
Lit-Dry loose absorbent	Fast-wicking granular absorbent material	Absorbs solvents, oils, fuels, water, and corrosives.
Dry chemical fire extinguishers	Dry chemical	Use for Class A, B, and C fires
CO <sub>2</sub> fire extinguishers	CO <sub>2</sub>	Effective against Class B and C fires
Sprinkler system	Installed throughout facility	Activated manually by smoke detectors
Salvage drum	95-gallon polyethylene twist-top salvage drum and lab pack	Used to contain spill/release containment equipment (absorbent pillows, booms, skimmers, mats, socks, etc.) during and after clean-up procedures
Non-Spark: Shovel Bung wrench Adjustable wrench	Non-sparking tools (beryllium/copper)	Used for repair, containment, and general use procedures with highly hazardous/flammable chemicals. Meets OSHA 29 CFR 1910.119(n) requirements.
DOT drums	55-gallon, open-head, lined, steel drum (optional liner)  55-gallon, closed-head, DOT composite drum (polyethylene liner encased by steel)	Used to contain/transport hazardous waste/chemicals  Meets DOT HM-181 requirements for hazardous waste/chemical transportation

EMERGENCY EQUIPMENT SUMMARY/LOCATIONS  
SABRELINER CORPORATION  
INDEPENDENCE, KANSAS  
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Item	Description	Capability
<i>Push broom</i>	<i>Non-sparking, chemical resistant, polypropylene broom (polyester bristles with detachable handle)</i>	<i>Used for emergency spill/release containment (contains fast-wicking granular absorbent material)</i>
<i>Wet mops</i>	<i>CHEMOP - Disposable, chemical resistant (polypropylene sponge, non-spark) Large web disposal head wet mop</i>	<i>Used for emergency spill/release containment</i>
<i>Mobile emergency response cart</i>	<i>SPIL-KART - Plastic, non-spark cart (room for all emergency response equipment)</i>	<i>Used for mobile storage and transportation of emergency response equipment</i>



EMERGENCY EQUIPMENT SUMMARY/LOCATIONS  
SABRELINER CORPORATION  
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EMERGENCY EQUIPMENT LOCATIONS

	TYPE	SIZE	RATING	LOCATION
1.	Halon	2½#	BC	East Office
2.	Halon	2½#	BC	Front Office
3.	Halon	2½#	BC	Quality Office
4.	Dry Chem	5#	ABC	BTN Men/Women Restroom
5.	Dry Chem	10#	ABC	Other Fuels
6.	Dry Chem	5#	ABC	Tenny Bench
7.	Dry Chem	5#	ABC	O/S Paint Booth
8.	Dry Chem	5#	ABC	Clean Room
9.	Dry Chem	5#	ABC	J85 Accum
10.	Dry Chem	10#	ABC	Other Fuels
11.	Dry Chem	5#	ABC	F350 Truck
12.	Dry Chem	20#	ABC	Welding
13.	Dry Chem	10#	ABC	Maintenance Shop
14.	Dry Chem	10#	ABC	MF Test
15.	Dry Chem	10#	ABC	Garage
16.	Dry Chem	10#	ABC	Garage
17A.	Dry Chem	10#	ABC	Cleaning/Disassembly
17B.	Dry Chem	10#	ABC	Cleaning/Disassembly
18.	Dry Chem	10#	ABC	Isle of Clean Room
19.	CO2	15#	ABC	Fuel Farm
20.	CO2	15#	ABC	Fuel Farm
21.	Dry Chem	10#	ABC	Shipping S/Wall
22.	Dry Chem	10#	ABC	Chem Shed
23.	Dry Chem	5#	ABC	Receiving Input
24.	Dry Chem	5#	ABC	Quality Office
25.	Dry Chem	5#	ABC	Break Room
26.	Halon	2½#	BC	Electrical Shop
27.	Halon	2½#	BC	Tool Crib
28.	Dry Chem	2 each 10#	ABC	Fuse Controlled/Stack
	EYEWASH LOCATIONS BOTTLE STATIONS: Chem Cleaning Area Welding Area			
	PERMANENT EYEWASH AND DELUGE SHOWERS Main Fuels Other Fuels			

FIRE EXTINGUISHER USE RATINGS

A = Paper or Wood B = Liquid or Grease C = Electrical Equipment

EMERGENCY EQUIPMENT SUMMARY/LOCATIONS  
 SABRELINER CORPORATION  
 INDEPENDENCE, KANSAS  
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	Quantity		Location
Portable Spill Cart Contents			Center of Facility in the Miscellaneous Test Area
Tyvek Suits	6		
Rubber Boots	2 pair		
Surgical Gloves	2 box		
Nitrile Gloves	5 pair		
Splash Goggles	2 pair		
Safety Glasses W/Side Shields	2 pair		
North 7600-8A Full Pace Respirators With Organic Vapor Cartridges	2 each		
Absorbent Pads	24" x 24"		
Absorbent Roll	3" x 10'		
Plastic Apron			
Package Paper Wipes	12" x 12"		
30 Gallon Plastic Bags	10 each		
Bottle of Sterile Eyewash			
Roll of 3 Inch Barrier Tape			

ADDITIONAL SUPPLIES TO BE ADDED WHEN  
 RECEIVED OR AS NEEDED

APPENDIX E

DECONTAMINATION EQUIPMENT SUMMARY

DECONTAMINATION EQUIPMENT SUMMARY  
SABRELINER CORPORATION  
INDEPENDENCE, KANSAS

Page 1 of 1

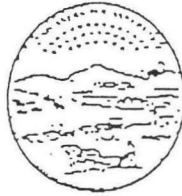
Item	Description	Capability
<i>Decontamination pool</i>	<i>5-foot-diameter inflatable pool</i>	<i>Use to decontaminate equipment and personal protective equipment after use</i>
<i>Scrub brush</i>	<i>Large bristled brush with a 12-inch handle</i>	<i>Use for removal of material from equipment and PPE</i>
<i>Alconox</i>	<i>Decontamination detergent</i>	<i>Use to decontaminate equipment and PPE</i>
<i>Plastic sheeting</i>	<i>10-foot by 20-foot section of plastic sheeting</i>	<i>Use to set on ground at decontamination station to contain contaminated material</i>
<i>Pump Sprayer</i>	<i>3 gallon garden spray can</i>	<i>Use to decontaminate personnel and equipment</i>

SABRELINER CORPORATION  
INDEPENDENCE, KANSAS

[illegible]

**APPENDIX F**  
**DAILY AND WEEKLY INSPECTION CHECKLISTS**

## STATE OF KANSAS



## DEPARTMENT OF HEALTH AND ENVIRONMENT

Forbes Field  
Topeka, Kansas 66620-0001  
Phone (913) 296-1500

Mike Hayden, Governor

Stanley C. Grant, Ph.D., Secretary  
Gary K. Hulett, Ph.D., Under Secretary

## CONTAINER STORAGE AREA WEEKLY INSPECTION LOG SHEET

Inspector's name/title \_\_\_\_\_

Date of inspection \_\_\_\_\_ (month/day/year)

Time of inspection \_\_\_\_\_

ITEM	TYPES OF PROBLEMS	STATUS (✓)	
		Acceptable	Unacceptable
1. Container placement and stacking	Aisle space sufficient, height of stacks.	( )	( )
2. Sealing of containers	Open lids.	( )	( )
3. Labeling of containers	Improper identification, date missing.	( )	( )
4. Containers	Corrosion, leakage, structural defects.	( )	( )
5. Segregation of incompatible wastes	Storage of incompatible wastes in same area.	( )	( )
6. Pallets	Damaged (e.g., broken wood, warping nails missing).	( )	( )
7. Fence, gate and lock	Corrosion, damage to chain link fence, sticking or corroding lock.	( )	( )
8. Base or foundation	Cracks, spalling, uneven settlement erosion, wet spots.	( )	( )
9. Dikes	Cracks, deterioration.	( )	( )
10. Sump area	Cracks, spalling, uneven settlement erosion, wet spots.	( )	( )
11. Sump pumps (automatic)	Setting adjustment, power, clogging	( )	( )
12. Warning signs	Damaged	( )	( )

Observations (include item number) \_\_\_\_\_

Date and nature of repairs/remedial action \_\_\_\_\_

DAILY LEAK CHECKS  
OTHER FUELS

MAKE CHECKS TWICE A DAY. AM AND PM

DATE	TIME	RESULTS
	AM	
	PM	
	AM	
	PM	
	AM	
	PM	
	AM	
	PM	
	AM	
	PM	
	AM	
	PM	
	AM	
	PM	
	AM	
	PM	
	AM	
	PM	
	AM	
	PM	

A:LEAKCHK.MEM



Date: \_\_\_\_\_  
Time: \_\_\_\_\_

WEEKLY PETROLEUM STORAGE  
INSPECTION CHECKLIST

Inspected by: \_\_\_\_\_

Item No.	Inspection Item	Inspection Areas					
		A/B Fuel Control Bench AST	Main Fuel Control Bench AST	Spray Bars and Fuel Nozzles AST			
1	Level Below Full						
2	General Condition						
3	Piping Condition						
4	Overflow Switch						
5	Condition of Dike						
5a	Staining						
5b	Cracks						
5c	Free of Debris						
6	Valve Condition						
6a	Leaking						
6b	Functional						
7	Pump Condition						
7a	Leaking						
7b	Functional						
8	Soil Staining						
9	Other						

Item No.	Deficiency Noted	Date Corrected	Corrective Action	Initials

Date: \_\_\_\_\_  
Time: \_\_\_\_\_

WEEKLY HAZARDOUS WASTE  
INSPECTION CHECKLIST

Inspected by: \_\_\_\_\_

Item No.	Inspection Item	Inspection Areas							Hazardous Waste Drum Accumulation
		Hazardous Waste Satellite Accumulation Areas*							
		S-1	S-2	S-3					
1	General Condition								
2	Condition of Dike								
2a	Staining								
2b	Cracks								
2c	Free of Debris								
3	Drum Condition								
3a	Leaking								
3b	Damaged								
3c	Bung Secure								
4	Soil Staining								
5	Other								

Item No.	Deficiency Noted	Date Corrected	Corrective Action	Initials

\* Note: See Figure 2 for Satellite Accumulation Area Locations.

CURRENT PROFILES  
WASTE STREAMS  
SABRELINER CORPORATION  
INDEPENDENCE, KANSAS

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WASTE	UN/NA#	WASTE CODE
Alcohol (99% IPA) Control 9406-4765	UN 1219	D001
PD 680 (Naphtha Solvent) Control 9501-00437	UN 1256	D001
Calibration Fluid (Naphtha) Control 9406-5219	UN 2553	D001
Turco 4181 (Corrosive Cleaner) Control 9403-2230	UN 1760	D002
Turco 2583 (Corrosive Cleaner) Control 9403-2230	UN 1760	D002
Magnusol 755 (Cleaner) * Control 9403-2229	UN 1760	D002, F002, F004
TT-R-248A (Paint Remover) Control 9403-2231	NA 3082	F002, D007
Perchloroethylene (Degreaser) Control 9406-5174	UN 1897	F001, D039
Waste Wipes Control 9411-9820	UN 1993	D001, D039
Zyglo Penetrany & Oakite Rinse Independence POTW Permit 94-001	Non-Regulated Non-Hazardous	

(\*) Phasing out 1995 (product not available)

## APPENDIX H

### EMERGENCY ACTION PROCEDURES.

EMERGENCY ACTION PROCEDURES  
SABRELINER CORPORATION  
INDEPENDENCE, KANSAS

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EAP #1 (EMERGENCY ACTION PROCEDURE)  
NON-ROUTINE SPILL AT THE HAZMAT BUILDING

1. Spill in one of the four berm areas of the hazardous material building.
2. Bermed containment area in each section is approximately 180 cubic feet and will contain approximately 1300 gallons. Bermed sections are sloped to a collection sump.
3. Response to a reported spill in these areas:
  - A minimum of 2 persons from the spill response team will ventilate the building.
  - Using necessary PPE, locate and ID the spilled material. No personnel will enter the building, without a standby person outside.
  - After spill ID is known, personnel will take action to contain the spill, e.g., overslip drum or reposition drum.
  - Cleanup of spill and disposal of material.
  - Decontaminate equipment.
  - Document the incident.

EMERGENCY ACTION PROCEDURES  
SABRELINER CORPORATION  
INDEPENDENCE, KANSAS

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EAP #2 NON-ROUTINE SPILL  
AT CLEANING AREA

1. Response to a reported spill in this area:

- A minimum of 2 persons from the spill response team will ventilate the area. Exhaust fan on east wall. On/Off switch located on southwest corner of cleaning room.
- Using necessary PPE, locate and ID the spilled material. Closest open drains are outside the cleaning room (west of curtains).

— Behind the HVAC on north wall.

— In NDT area at penetrant tanks.

No personnel will enter the area without a standby person outside.

- After spill ID is known personnel will take action to contain the spill.
- Cleanup of spill and disposal of material.
- Decontaminate equipment.
- Document the incident.

EMERGENCY ACTION PROCEDURES  
SABRELINER CORPORATION  
INDEPENDENCE, KANSAS

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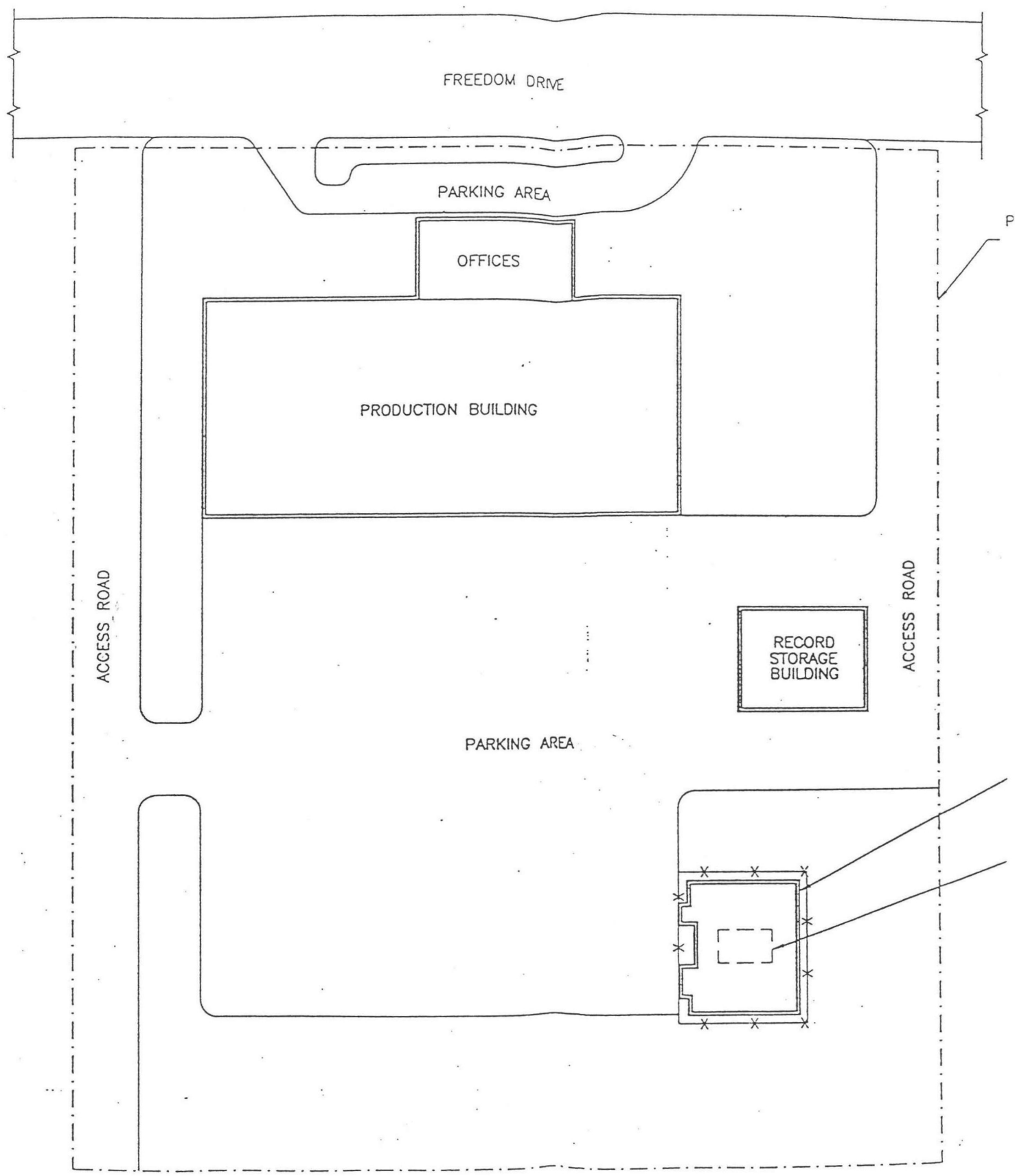
EAP #3 NON-ROUTINE SPILL AT  
FUEL FARM AREA

1. Response to a reported spill in this area:

- A minimum of 2 persons from the spill response team will enter the area. Exhaust fan on the northwest corer is normally operating. All pumps, if no inoperative, will be shut down.
- Using necessary PPE, locate source of leak and reduce as much as possible. Using portable pumps (7 and 10 GPM), start transfer of remaining fluid from leaking tank to 55 gallon barrels.

No personnel will enter the area without a standby person outside.

- Cleanup of spill and disposal of material.
- Decontaminate equipment.
- Document the incident.



FREEDOM DRIVE

PARKING AREA

OFFICES

PRODUCTION BUILDING

ACCESS ROAD

ACCESS ROAD

RECORD  
STORAGE  
BUILDING

PARKING AREA

P





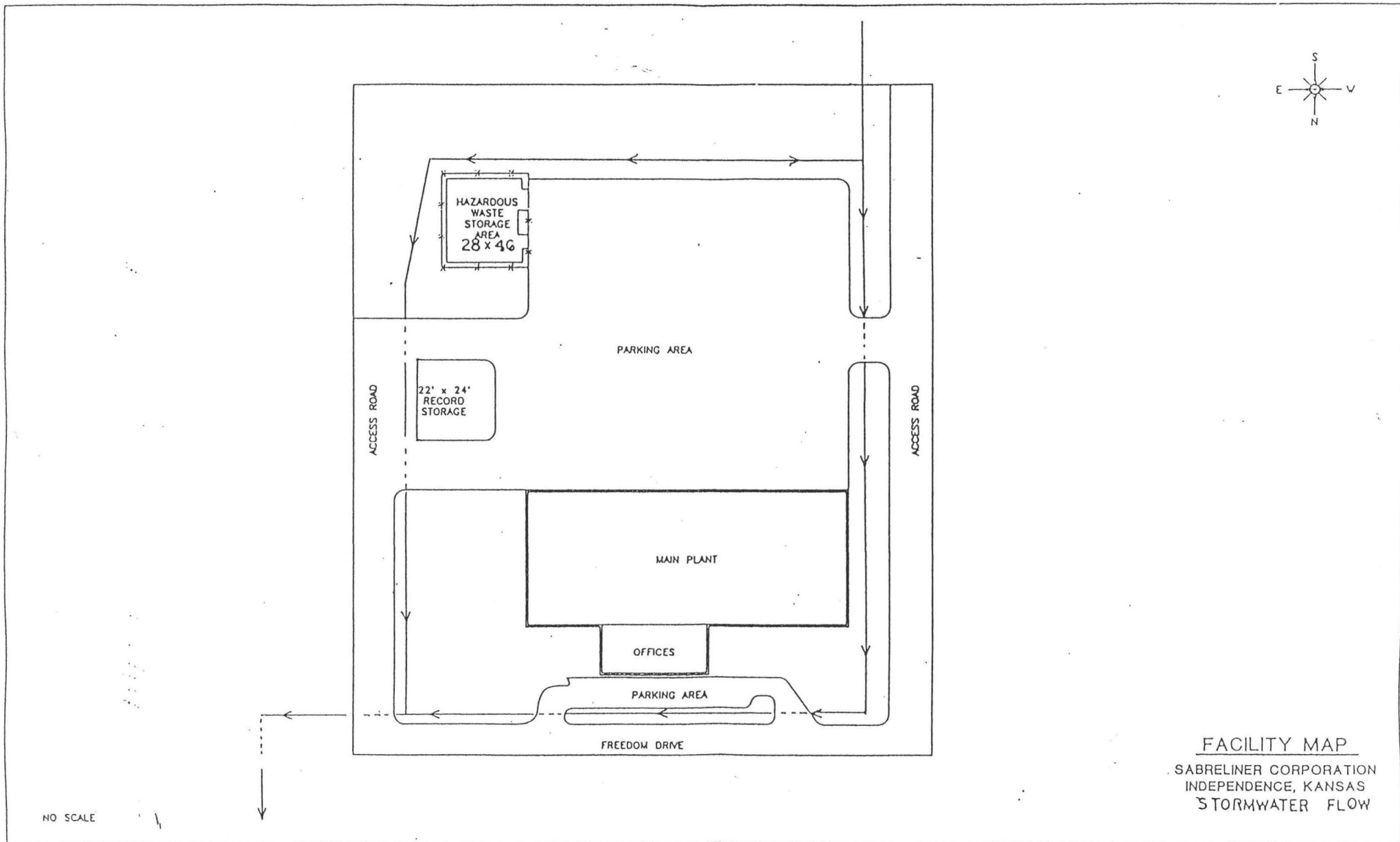


FIGURE 3

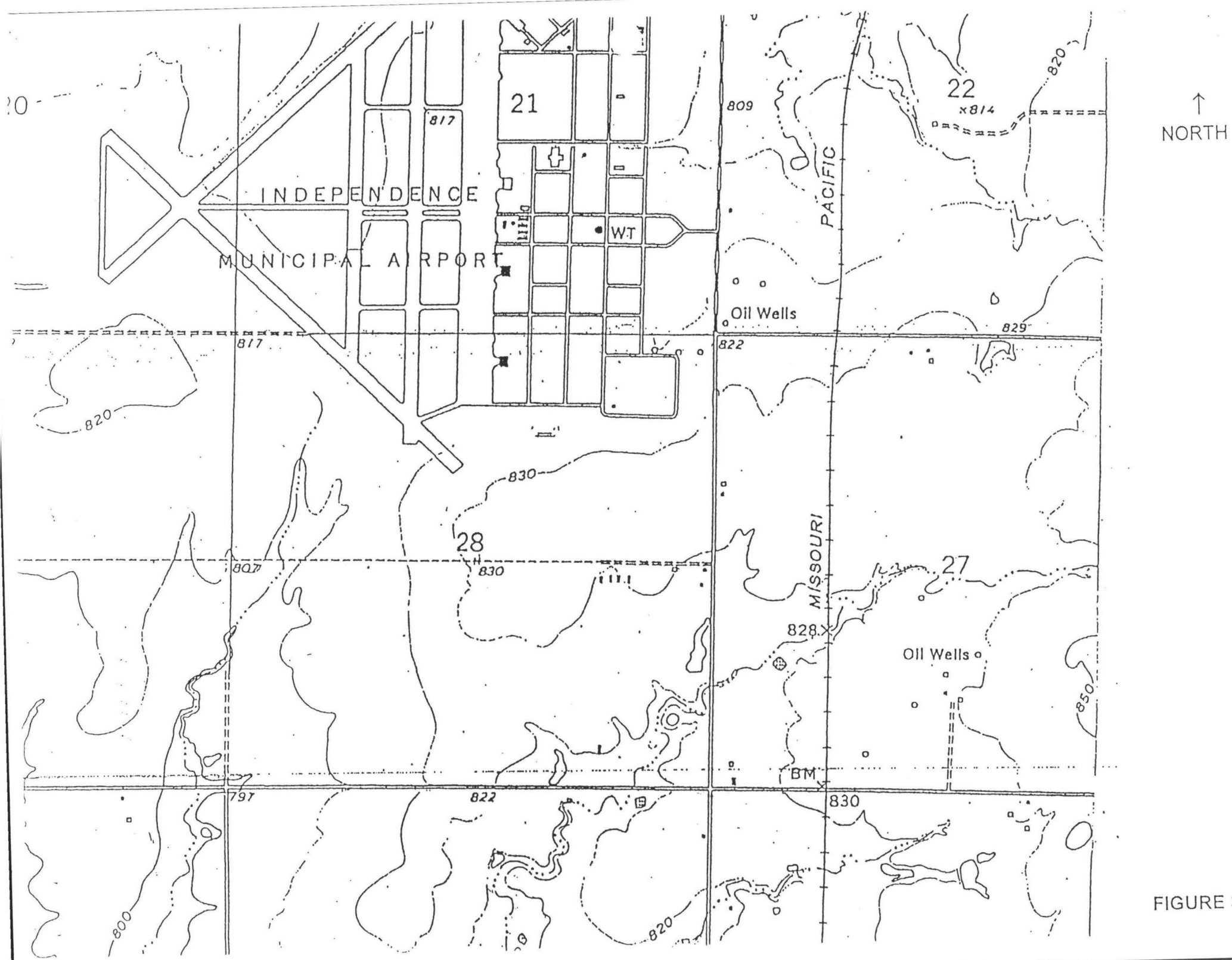


FIGURE 3a

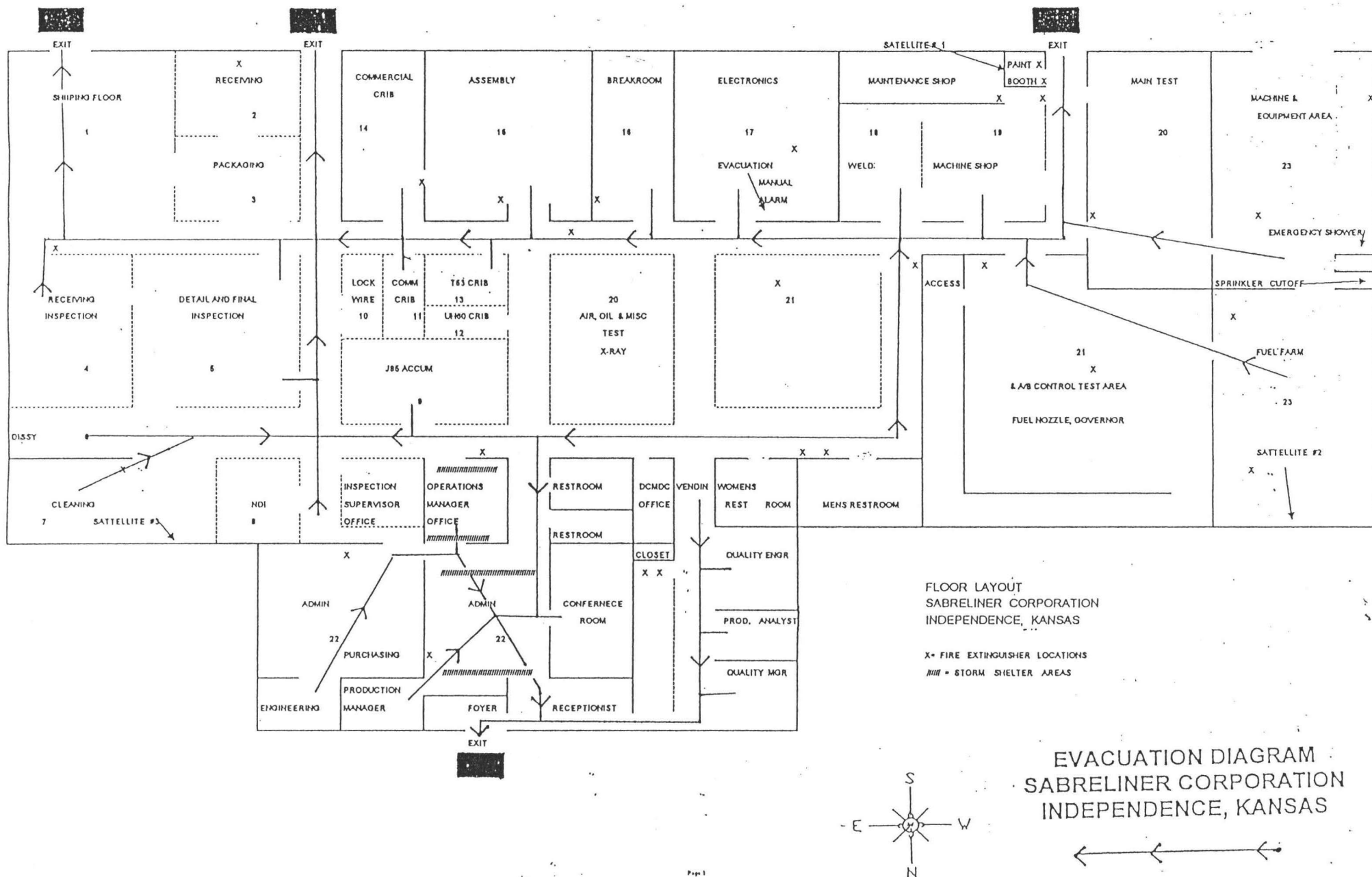


FIGURE 4

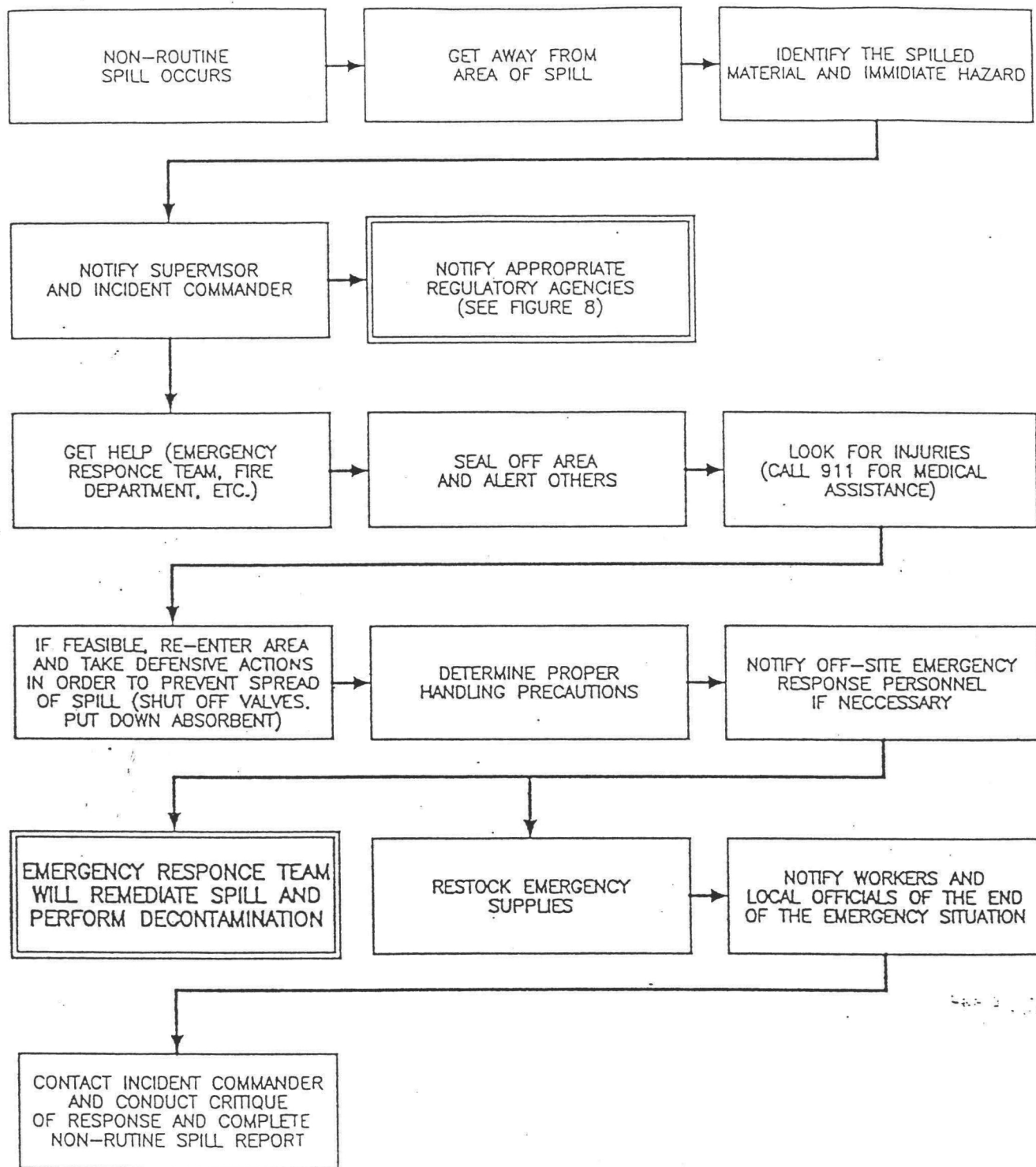


FIGURE 6  
NON-ROUTINE SPILL RESPONSE FLOW CHART  
SABRELINER CORPORATION  
INDEPENDENCE, KANSAS

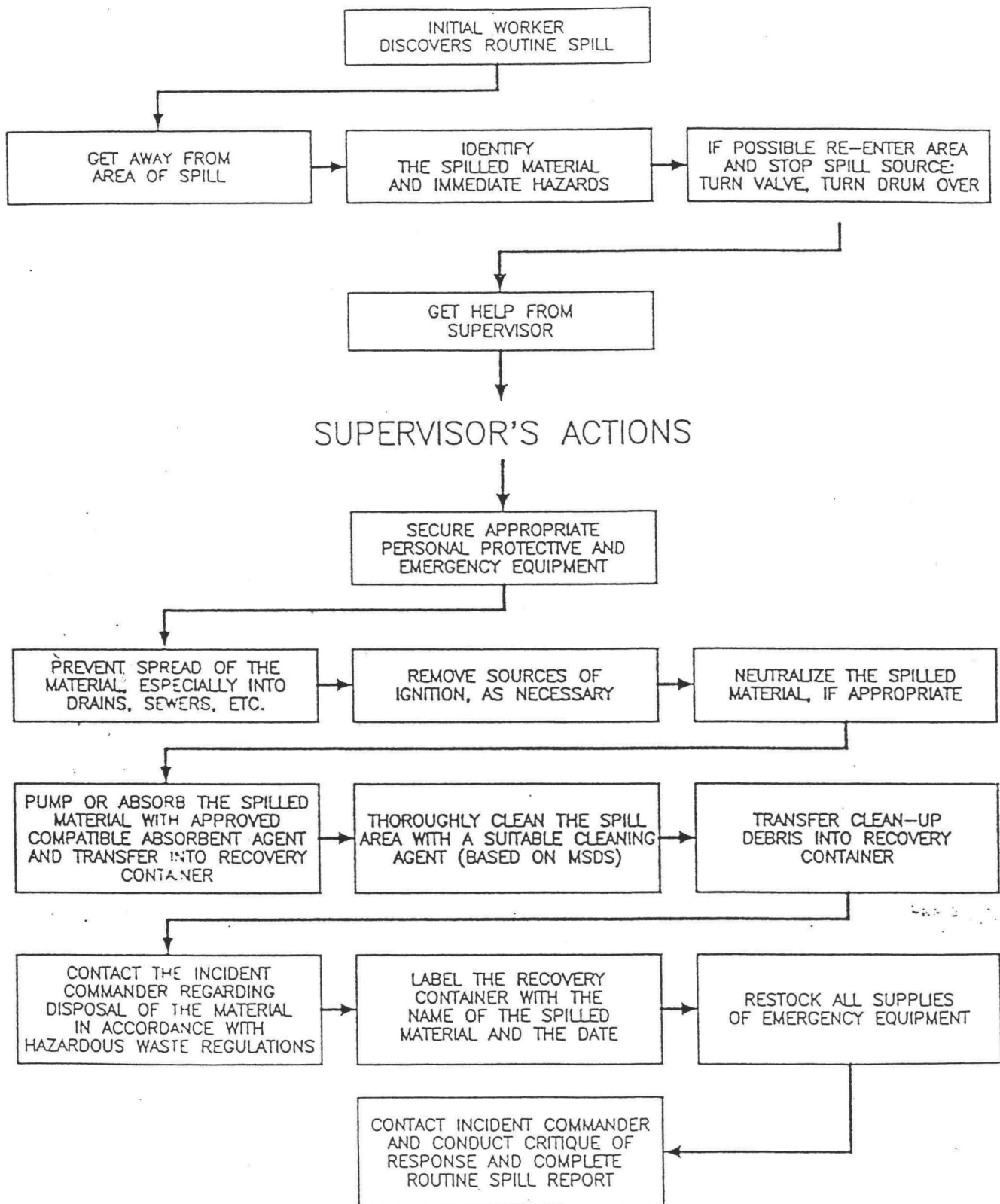


FIGURE 5  
ROUTINE SPILL RESPONSE FLOW CHART  
SABRELINER CORPORATION  
INDEPENDENCE, KANSAS

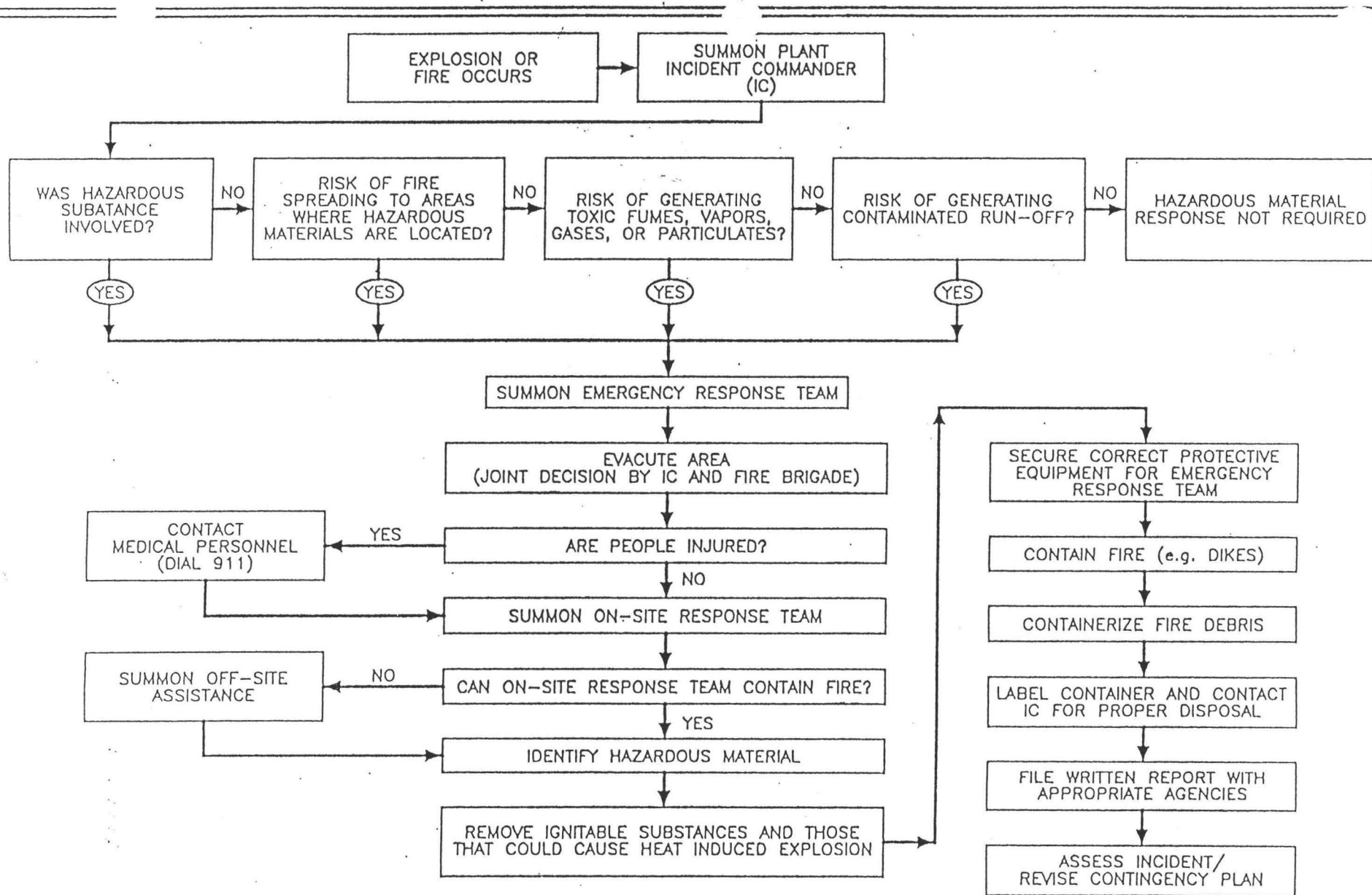


FIGURE 7  
ROUTINE SPILL RESPONSE FLOW CHART  
SABRELINER CORPORATION  
INDEPENDENCE, KANSAS

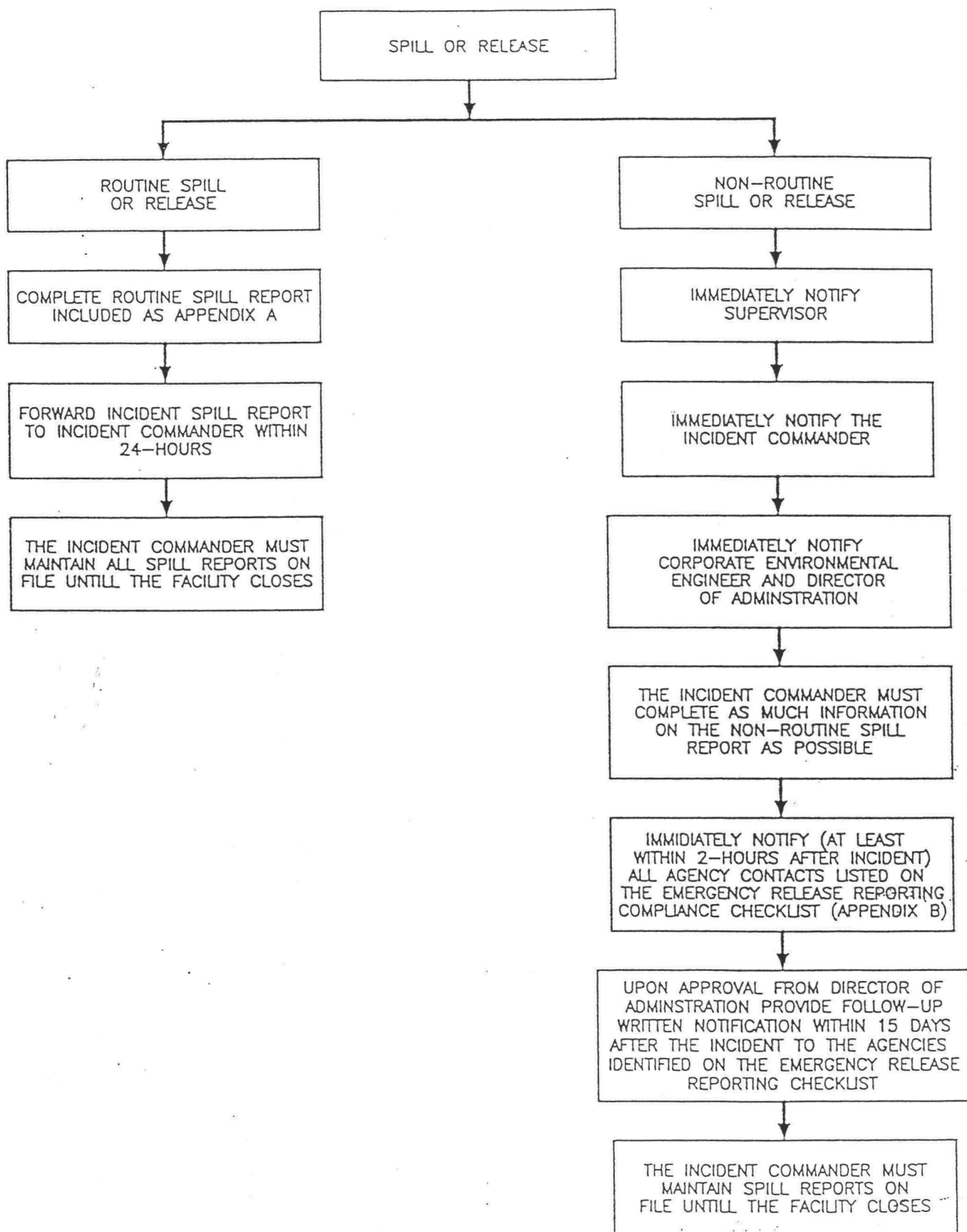


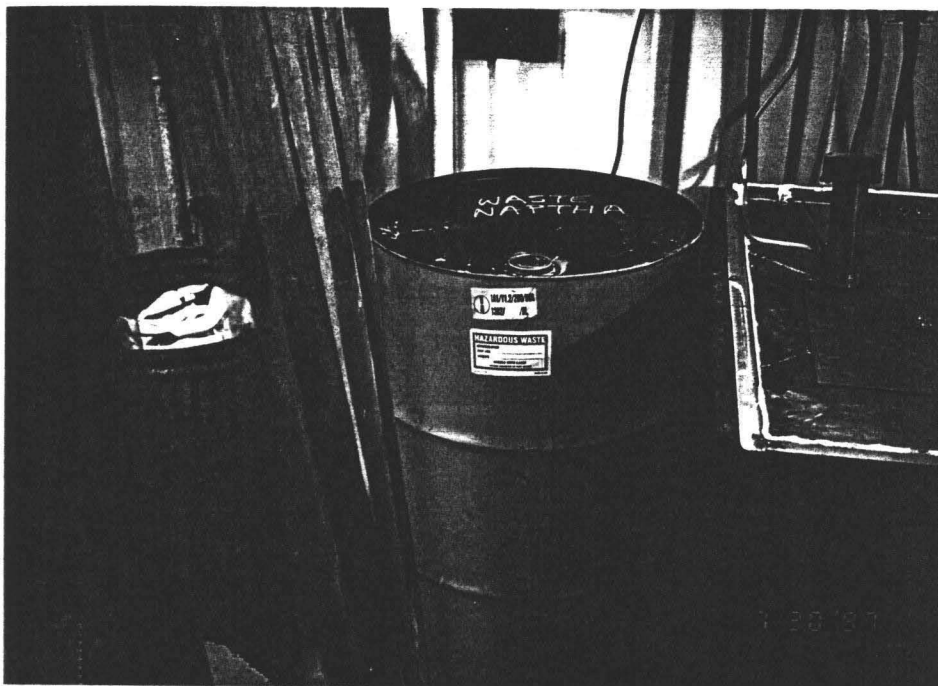
FIGURE 8  
SPILL AND RELEASE NOTIFICATION PROCEDURES  
SABRELINER CORPORATION  
INDEPENDENCE, KANSAS



Department of Health and Environment  
Division of Environment

## PHOTO MOUNTING SHEET

Name of Site: Premier Turbines Independence EPA ID #/Permit: KSD981712854  
Location: City Independence County Montgomery  
Legal: \_\_\_\_\_ Taken by: Victoria S. O'Brien



Picture No. 1

Date: July 30, 1997

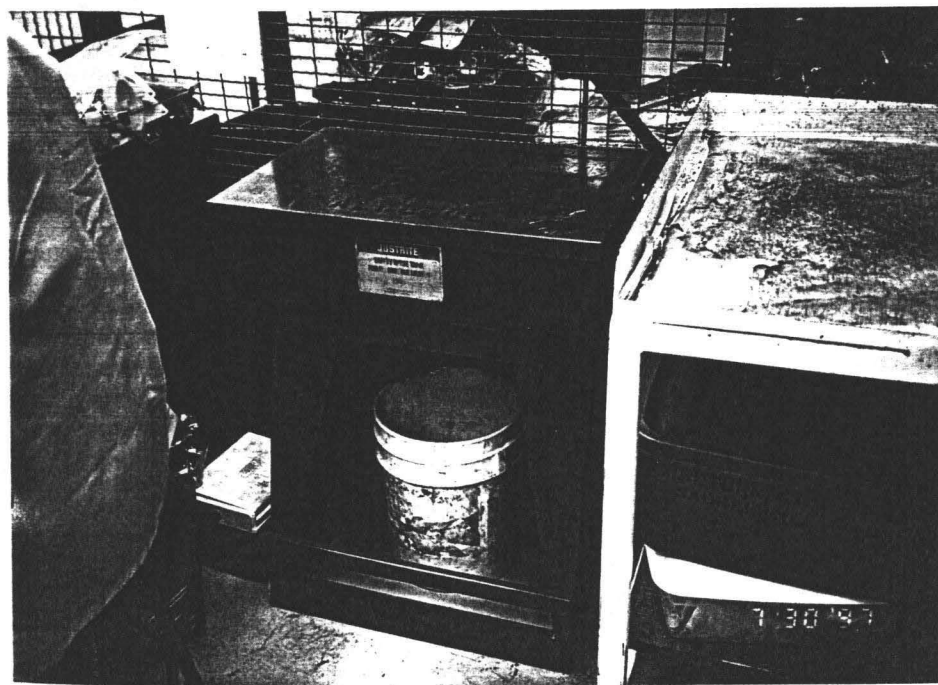
Time: 11:00 a.m.

General Direction Faced: North

Weather Conditions: Inside

Type of Camera: Minolta Freedom III 35mm

Comments: Satellite accumulation container for waste  
calibration fluid (petroleum naphtha).



Picture No. 2

Date: July 30, 1997

Time: 11:00 a.m.

General Direction Faced: Southwest

Weather Conditions: Inside

Type of Camera: Minolta Freedom III 35mm

Comments: Alcohol from parts washer in the Lock Wire  
Area is drained into the white five gallon bucket and then  
poured into an accumulation container that is brought  
inside from the HazMat Shack. Smaller cans, see  
picture number 3, are also poured into the same  
accumulation container.

## PHOTO MOUNTING SHEET

Name of Site: Premier Turbines Independence EPA ID #/Permit: KSD981712854  
Location: City Independence County Montgomery  
Legal: \_\_\_\_\_ Taken by: Victoria S. O'Brien

Picture No. 3

Date: July 30, 1997

Time: 11:00 a.m.

General Direction Faced: Northeast

Weather Conditions: Inside

Type of Camera: Minolta Freedom III 35mm

Comments: One of three alcohol cans located in the  
Disassembly and Cleaning Area.



Picture No. 4

Date: July 30, 1997

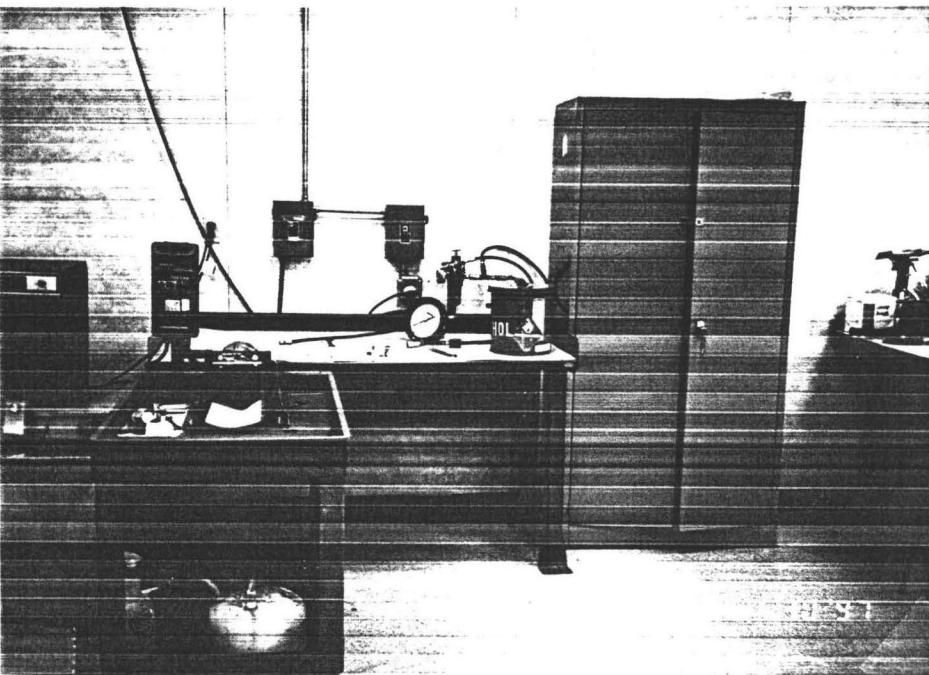
Time: 11:00 a.m.

General Direction Faced: South

Weather Conditions: Inside

Type of Camera: Minolta Freedom III 35mm

Comments: One of two cans of alcohol, located in the  
Assembly Room, that are eventually placed in the  
accumulation container discussed in picture number 2.



## PHOTO MOUNTING SHEET

Name of Site: Premier Turbines Independence EPA ID #/Permit: KSD981712854  
Location: City Independence County Montgomery  
Legal: \_\_\_\_\_ Taken by: Victoria S. O'Brien



Picture No. 5

Date: July 30, 1997

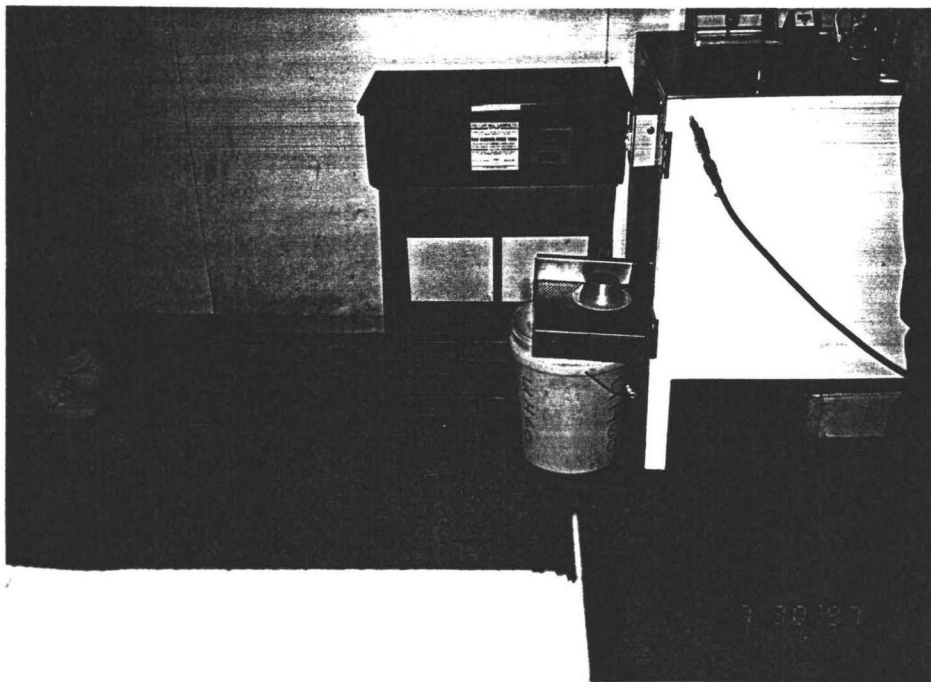
Time: 11:00 a.m.

General Direction Faced: West

Weather Conditions: Inside

Type of Camera: Minolta Freedom III 35mm

Comments: Second of the two alcohol containers  
located in the Assembly Room.



Picture No. 6

Date: July 30, 1997

Time: 11:00 a.m.

General Direction Faced: North

Weather Conditions: Inside

Type of Camera: Minolta Freedom III 35mm

Comments: Alcohol parts washer located in the Main  
Fuel Test Area. Waste from parts washer is also put  
in the accumulation container discussed in picture  
number 2.

## PHOTO MOUNTING SHEET

Name of Site: Premier Turbines Independence EPA ID #/Permit: KSD981712854

Location: City Independence County Montgomery

Legal: \_\_\_\_\_ Taken by: Victoria S. O'Brien

Picture No. 7

Date: July 30, 1997

Time: 11:00 a.m.

General Direction Faced: North

Weather Conditions: Inside

Type of Camera: Minolta Freedom III 35mm

Comments: Second accumulation container for  
calibration fluid. Container is located in the northwest  
room of the production portion of the facility.



Picture No. 8

Date: July 30, 1997

Time: 11:00 am.

General Direction Faced: South

Weather Conditions: Inside

Type of Camera: Minolta Freedom III 35mm

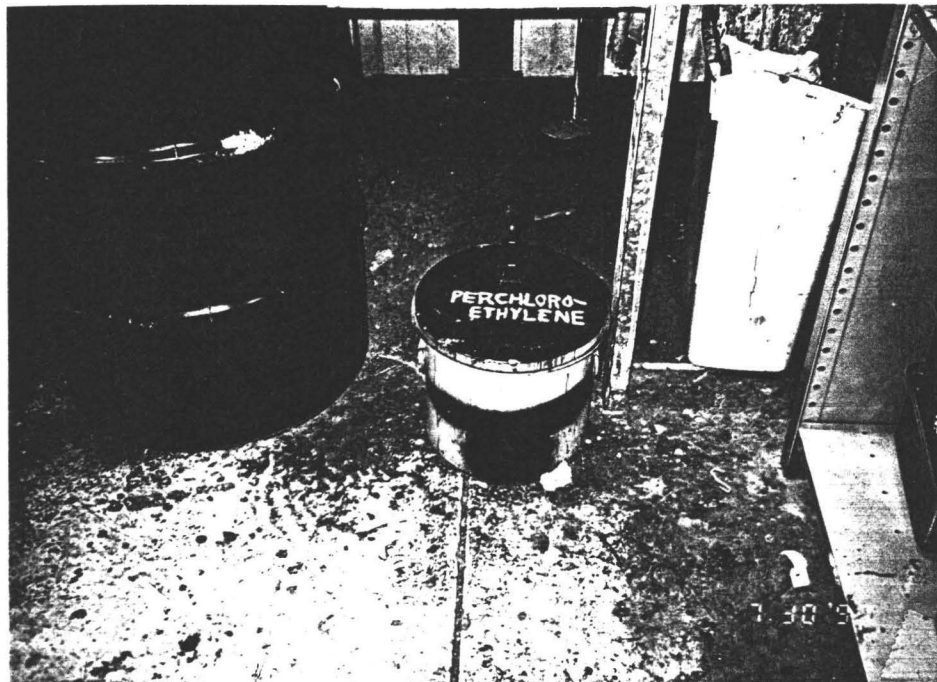
Comments: Accumulation container located in the paint  
booth to accumulate waste paint stripper. A hazardous  
label was located on the back side of the container.





## PHOTO MOUNTING SHEET

Name of Site: Premier Turbines Independence EPA ID #/Permit: KSD981712854  
Location: City Independence County Montgomery  
Legal: \_\_\_\_\_ Taken by: Victoria S. O'Brien



Picture No. 9

Date: July 30, 1997

Time: 11:00 a.m.

General Direction Faced: South

Weather Conditions: Inside

Type of Camera: Minolta Freedom III 35mm

Comments: Perchloroethylene in yellow and black step  
can is used for cleaning purposes. When perchloroethy-  
lene becomes waste, the container is taken to the Clean-  
ing Area. Cleaning Area personnel then take the waste  
perchloroethylene to the HazMat Shack and place it in the  
perchloroethylene accumulation container.



Picture No. 10

Date: July 30, 1997

Time: 11:00 a.m.

General Direction Faced: Southeast

Weather Conditions: Inside

Type of Camera: Minolta Freedom III 35mm

Comments: Three full drums of waste alcohol in storage  
at the HazMat Shack. Containers are marked with the  
accumulation start dates of July 7, 1997, July 17, 1997,  
and July 25, 1997.

## PHOTO MOUNTING SHEET

Name of Site: Premier Turbines Independence EPA ID #/Permit: KSD981712854  
Location: City Independence County Montgomery  
Legal: \_\_\_\_\_ Taken by: Victoria S. O'Brien



Picture No. 11

Date: July 30, 1997

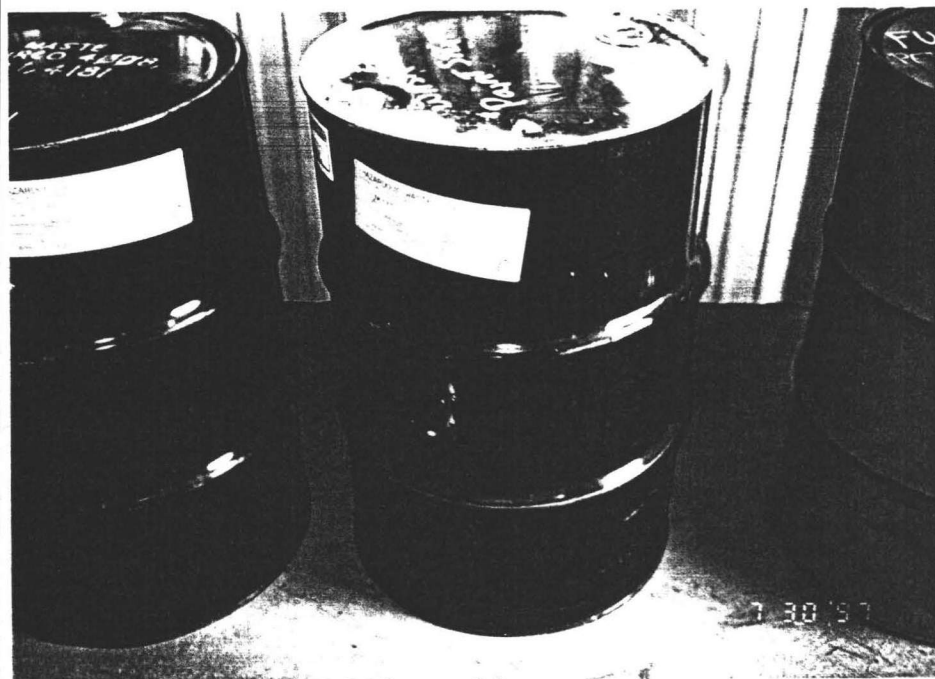
Time: 11:00 a.m.

General Direction Faced: South

Weather Conditions: Inside

Type of Camera: Minolta Freedom III 35mm

Comments: One full storage container of phosphoric acid.



Picture No. 12

Date: July 30, 1997

Time: 11:00 a.m.

General Direction Faced: South

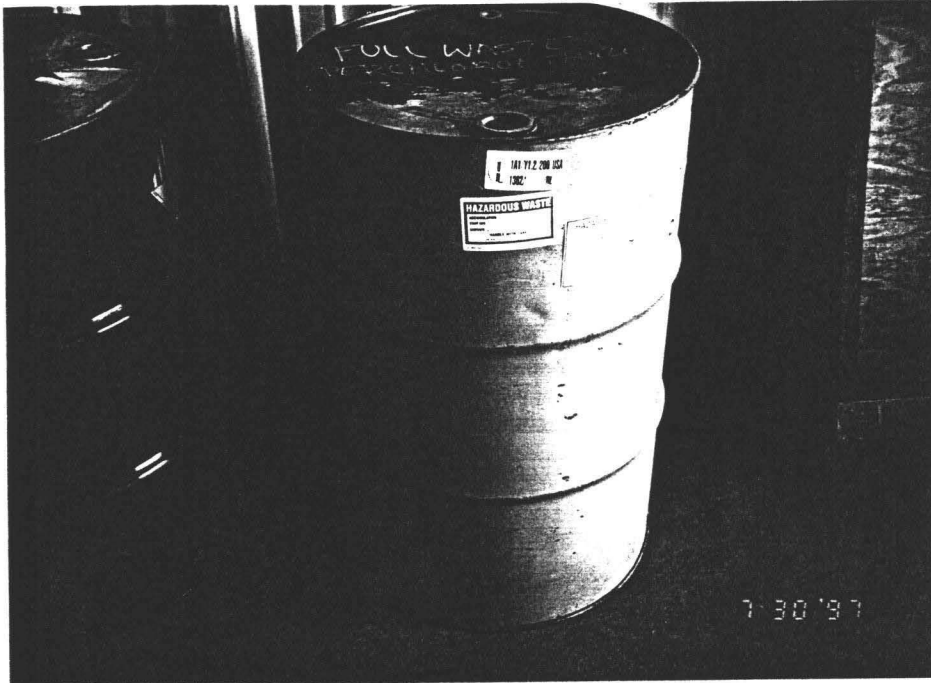
Weather Conditions: Inside

Type of Camera: Minolta Freedom III 35mm

Comments: One full storage drum of paint stripper.

## PHOTO MOUNTING SHEET

Name of Site: Premier Turbines Independence EPA ID #/Permit: KSD981712854  
Location: City Independence County Montgomery  
Legal: \_\_\_\_\_ Taken by: Victoria S. O'Brien



Picture No. 13

Date: July 30, 1997

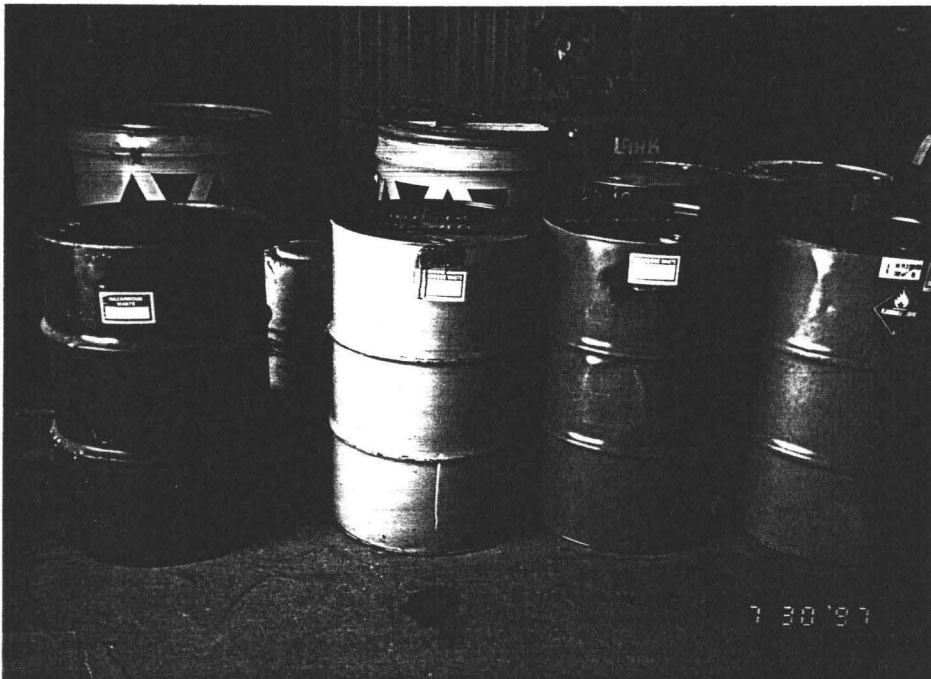
Time: 11:00 a.m.

General Direction Faced: South

Weather Conditions: Inside

Type of Camera: Minolta Freedom III 35mm

Comments: Full storage container of waste perchloro-  
ethylene.



Picture No. 14

Date: July 30, 1997

Time: 11:00 a.m.

General Direction Faced: North

Weather Conditions: Inside

Type of Camera: Minolta Freedom III 35mm

Comments: Blue container to left of picture is an open  
accumulation container of solvent rags. Yellow drum,  
second from left is an accumulation container for WD40  
dated 1/5/96, and blue drum third from left is an  
accumulation container for perchloroethylene dated  
7/21/97. Containers are located in the HazMat Shack.

## PHOTO MOUNTING SHEET

Name of Site: Premier Turbines Independence EPA ID #/Permit: KSD981712854

Location: City Independence County Montgomery

Legal: \_\_\_\_\_ Taken by: Victoria S. O'Brien

Picture No. 15

Date: July 30, 1997

Time: 11:00 a.m.

General Direction Faced: North

Weather Conditions: Inside

Type of Camera: Minolta Freedom III 35mm

Comments: The satellite accumulation container for  
solvent rags which was open in picture number 14 has  
been closed by facility personnel.

Picture No. 16

Date: July 30, 1997

Time: 11:00 a.m.

General Direction Faced: North

Weather Conditions: Inside

Type of Camera: Minolta Freedom III 35mm

Comments: More accumulation containers located in the  
HazMat Shack. Yellow container to the left of the picture  
contains alcohol and is dated 7/24/97. Blue drum in the  
middle of the picture contains Turco 4008-4181 and is  
dated July 97. Black drum second from the right contains  
PD 680 and is dated 6/11/97.





## PHOTO MOUNTING SHEET

Name of Site: Premier Turbines Independence EPA ID #/Permit: KSD981712854

Location: City Independence County Montgomery

Legal: \_\_\_\_\_ Taken by: Victoria S. O'Brien



Picture No. 17

Date: July 30, 1997

Time: 11:00 a.m.

General Direction Faced: North

Weather Conditions: Inside

Type of Camera: Minolta Freedom III 35mm

Comments: More accumulation containers located in the  
HazMat Shack. Blue drum to the left of the picture con-  
tains hydraulic fluid and is undated. Yellow drum in the  
middle of the picture contains Magnusol and is dated  
1/5/96. Blue drum to the right of the picture contains  
Turco 5555B and is dated 6/11/97.



Picture No. 18

Date: July 30, 1997

Time: 11:00 a.m.

General Direction Faced: East

Weather Conditions: Sunny

Type of Camera: Minolta Freedom III 35mm

Comments: Premier's HazMat Shack



# NOTICE OF COMPLIANCE/NON-COMPLIANCE

Page 1 of 3

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
Division of Environment  
Waste Management Program

Hazardous Waste: Complaint( ) LDF( ) TSF( ) GEN(X) KG( ) SQ( ) TRA( ) UOM( ) UOB( ) NOT A GEN( )  
Solid Waste: Complaint( ) SLF( ) TRF( ) ILF( ) CDL( ) HHW( ) OBS( ) UOS( ) WTT( ) WTP( ) WTM( ) YWC( ) MED( )

TO: PREMIER TURBINES INDEPENDENCE 7/30/97  
Facility Name Date

ONE FREEDOM DRIVE INDEPENDENCE KS 667301-0946  
Address City State Zip Code

K S D 9 8 1 7 1 2 8 5 4

EPA Identification No.

Solid Waste Permit No.

This inspection was conducted to determine compliance with the state and federal solid and hazardous waste statutes and regulations.

☒ **Violations As Follows**

☐ **No Violations Identified**

Citation

Description of Violation

- 1) KAR 28-31-4(k)
- 2) KAR 28-31-4(j)
- 3) KAR 28-31-4(i)
- 4) KAR 28-31-4(d)
- 5) KAR 28-31-14

FAILURE TO INCLUDE DATE OF REMEDIAL  
ACTION ON INSPECTION DOCUMENTATION  
EIGHT ACCUMULATION CONTAINERS NOT AT OR  
NEAR THE POINT OF GENERATION AND UNDER  
THE CONTROL OF THE OPERATOR  
ONE OPEN ACCUMULATION CONTAINER \*  
FAILURE TO USE PROPER DOT SHIPPING  
DESCRIPTION ON MANIFESTS 00043, 00045,  
00047, 00049, 00052 AND 00054  
FAILURE TO USE CORRECT MANIFEST NUMBER  
ON LDRs FOR MANIFESTS 00043 THROUGH 00054

☐ **Other Comments/Concerns:**

\* CORRECTED DURING INSPECTION

This notice is provided to call immediate attention to those areas of non-compliance. This notice does not constitute a compliance order issued by KDHE and may not be a complete listing of all violations which may be identified as a result of this inspection. Your facility must submit in writing within 60 days of receipt of this notice a description of all corrective actions taken and/or a schedule for completion of necessary corrective actions to be taken. Any corrective actions taken by your facility will be considered in subsequent enforcement follow-up.

Your response must be submitted to:

VICTORIA S. O'BRIEN  
Kansas Department of Health and Environment  
Bureau of District Operation  
Waste Management Programs  
1500 West 7th Street  
Chanute, Kansas 66720

If you have any questions concerning this Notice or wish to discuss your response, you may call me at (316) 431-2390 or Bureau of Waste Management in the Topeka Office at (913) 296-1604.

This Notice was prepared by

Victoria S. O'Brien

Date 7/30/97

I, the undersigned hereby acknowledge that I have received and read this Notice.

Printed Name: J. L. JOHNSON

Signature: J. L. Johnson

Title: QUALITY ENGINEER

Date: 7/30/97



# NOTICE OF COMPLIANCE/NON-COMPLIANCE

Page 2 of 3

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
Division of Environment  
Waste Management Program

Hazardous Waste: Complaint( ) LDF( ) TSF( ) GEN( ) KG( ) SQ( ) TRA( ) UOM( ) UOB( ) NOT A GEN( )  
Solid Waste: Complaint( ) SLF( ) TRF( ) ILF( ) CDL( ) HHW( ) OBS( ) UOS( ) WTT( ) WTP( ) WTM( ) YWC( ) MED( )

TO: PREMIER TURBINES INDEPENDENCE 7/30/97  
Facility Name Date

ONE FREEDOM DRIVE INDEPENDENCE KS 67301-0946  
Address City State Zip Code

K S D 9 8 1 7 1 2 8 5 4

EPA Identification No.

Solid Waste Permit No.

This inspection was conducted to determine compliance with the state and federal solid and hazardous waste statutes and regulations.

☒ Violations As Follows

☐ No Violations Identified

- Citation
- 6) KAR 28-31-4(g)(4)
- 7) KAR 28-31-4(g)(4)
- 8) KAR 28-31-4(g)(4)
- 9) KAR 28-31-4(g)(4)

Description of Violation

FAILURE TO PROVIDE TELEPHONE OR HAND-HELD  
TWO-WAY RADIO FOR HAZARDOUS WASTE  
STORAGE AREA

FAILURE TO FAMILIARIZE LOCAL HOSPITAL AS  
REQUIRED BY 40 CFR 265.37(a)(4)

FAILURE TO LIST NAME(S) HOME ADDRESS AND  
TELEPHONE NUMBER OF TWO ALTERNATE  
EMERGENCY COORDINATORS - BRUCE GREEN  
AND SCOTT CARR

CONTINGENCY PLAN DOES NOT DESCRIBE ACTIONS  
TO BE TAKEN TO RESPOND TO FIRES,  
EXPLOSIONS OR RELEASES OF HAZARDOUS  
WASTE

☐ Other Comments/Concerns:

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This Notice was prepared by

Victoria S. O'Brien

Date 7/30/97

I, the undersigned hereby acknowledge that I have received and read this Notice.

Printed Name: J.L. JOHNSON

Signature: [Signature]

Title: QUALITY ENGINEER

Date: 7/30/97



## NOTICE OF COMPLIANCE/NON-COMPLIANCE

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
Division of Environment  
Waste Management ProgramHazardous Waste: Complaint( ) LDF( ) TSF( ) GEN( ) KG( ) SQ( ) TRA( ) UOM( ) UOB( ) NOT A GEN( )  
Solid Waste: Complaint( ) SLF( ) TRF( ) ILF( ) CDL( ) HHW( ) OBS( ) UOS( ) WTT( ) WTP( ) WTM( ) YWC( ) MED( )TO: PREMIER TURBINES INDEPENDENCE 7 130 197  
Facility Name DateONE FREEDOM DRIVE INDEPENDENCE KS 67301-0946  
Address City State Zip Code

K	S	D	9	8	1	7	1	2	8	5	4
---	---	---	---	---	---	---	---	---	---	---	---

EPA Identification No.

--	--	--	--	--	--	--	--

Solid Waste Permit No.

This inspection was conducted to determine compliance with the state and federal solid and hazardous waste statutes and regulations.

☒ Violations As Follows☐ No Violations Identified

- | Citation                     | Description of Violation   |
|------------------------------|--|
| 10) <u>KAR 28-31-4(g)(4)</u> | <u>CONTINGENCY PLAN DOES NOT DESCRIBE</u><br><u>ARRANGEMENTS MADE WITH EMERGENCY</u><br><u>RESPONSE AGENCIES</u>             |
| 11) <u>KAR 28-31-4(g)(4)</u> | <u>CONTINGENCY PLAN DOES NOT LIST LOCATION</u><br><u>OF ALL EMERGENCY EQUIPMENT</u>  |
| 12) <u>KAR 28-31-4(g)(4)</u> | <u>CONTINGENCY PLAN DOES NOT INCLUDE AN</u><br><u>EVACUATION PLAN THAT DESCRIBES</u><br><u>SIGNALS AND EVACUATION ROUTES</u> |
| 13) <u>KAR 28-31-4(g)(4)</u> | <u>FAILURE TO HAVE AN ESTABLISHED HAZARDOUS</u><br><u>WASTE MANAGEMENT TRAINING PROGRAM</u>                                  |

☐ Other Comments/Concerns:

This notice is provided to call immediate attention to those areas of non-compliance. This notice does not constitute a compliance order issued by KDHE and may not be a complete listing of all violations which may be identified as a result of this inspection. Your facility must submit in writing within 60 days of receipt of this notice a description of all corrective actions taken and/or a schedule for completion of necessary corrective actions to be taken. Any corrective actions taken by your facility will be considered in subsequent enforcement follow-up.

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This Notice was prepared by

Victoria S. O'BrienDate 7/30/97

I, the undersigned hereby acknowledge that I have received and read this Notice.

Printed Name: J. L. JohnsonSignature: J. L. JohnsonTitle: QUALITY ENGINEERDate: 7/30/97





# Hazardous Waste Compliance Monitoring and Enforcement Log

FORM  
A

Handler

ID Number **K S D 9 8 1 7 1 2 8 5 4** LDF ( ) TSF ( ) GEN (X) KG ( ) SQ ( ) TRA ( )  
HWM ( ) HWB ( ) UOM ( ) UOB ( ) NOT A GEN ( )  
Handler Name: **Premier Turbines Independence** AT **N/A** CL **8/26/97**  
FT **8/26/97** RCRIS **8/26/97**

Street: **One Freedom Drive** City: **Independence** County: **Montgomery**

EVALUATION New ☒ Followup: Date (on site)    Date (of letter)    Delete ☐  
Date **9 7** **0 7** **3 0** Agency **S** Type **C E I** Reason **0 0** Person **V S O** District **S E**

Areas of Evaluation (EV - Evaluated, NE - Not Evaluated, NA - Not Applicable)

Generator		Transporter		Treatment/Storage/Disposal Facility				Other					
GER	<b>N A</b>	GPT	<b>E V</b>	DCH	<input type="text"/>	DGW	<input type="text"/>	DMC	<input type="text"/>	DPP	<input type="text"/>	BRR	<input type="text"/>
GGR	<b>E V</b>	GRR	<b>E V</b>	DCL	<input type="text"/>	DIN	<input type="text"/>	DMR	<input type="text"/>	DSI	<input type="text"/>	CAS	<input type="text"/>
GLB	<b>E V</b>	GSC	<b>E V</b>	DCP	<input type="text"/>	DLB	<input type="text"/>	DOR	<input type="text"/>	DTR	<input type="text"/>	CSS	<input type="text"/>
GMR	<b>E V</b>	GSQ	<b>N A</b>	DFR	<input type="text"/>	DLF	<input type="text"/>	DOT	<input type="text"/>	DTT	<input type="text"/>	FEA	<input type="text"/>
GOR	<b>N A</b>			DGS	<input type="text"/>	DLT	<input type="text"/>	DPB	<input type="text"/>	DWP	<input type="text"/>	ILD	<input type="text"/>

Used Oil UOM  UOB  UTM  SUM  SUB

COMMENTS

VIOLATION # **1** Date Determined **0 7** **3 0** **9 7**  
New ☒ Change ☐ Delete ☐ Comments   
Agency **S** Number **16** Area **G P T** Class **2** Priority  Type **S R**  
Regulation Citation: **K.A.R. 28-31-4(k)**  
Description: **Failure to include date of remedial action on inspection documentation** Returned to Compliance  
Sch'd **0 9** **2 8** **9 7**  
Actual

VIOLATION # **2** Date Determined **0 7** **3 0** **9 7**  
New ☒ Change ☐ Delete ☐ Comments   
Agency **S** Number **17** Area **G P T** Class **2** Priority  Type **S R**  
Regulation Citation: **K.A.R. 28-31-4(j)**  
Description: **Eight accumulation containers not at or near the point of generation and under the control of the operator** Returned to Compliance  
Sch'd **0 9** **2 8** **9 7**  
Actual

VIOLATION # **3** Date Determined **0 7** **3 0** **9 7**  
New ☒ Change ☐ Delete ☐ Comments   
Agency **S** Number **18** Area **G P T** Class **2** Priority  Type **S R**  
Regulation Citation: **K.A.R. 28-31-4(j)**  
Description: **One open accumulation container** Returned to Compliance  
Sch'd **- -** **- -** **- -**  
Actual **0 7** **3 0** **9 7**

VIOLATION # **4** Date Determined **0 7** **3 0** **9 7**  
New ☒ Change ☐ Delete ☐ Comments   
Agency **S** Number **19** Area **G M R** Class **2** Priority  Type **S R**  
Regulation Citation: **K.A.R. 28-31-4(d)**  
Description: **Failure to use a proper DOT shipping description on manifests 00043, 00045, 00047, 00049, 00052, & 00054** Returned to Compliance  
Sch'd **0 9** **2 8** **9 7**  
Actual

PREMIER TURBINES INDEPENDENCE

# Hazardous Waste Compliance Monitoring and Enforcement Log

FORM  
B

ID Number **K S D 9 8 1 7 1 2 8 5 4**

Handler Name: Premier Turbines Independence

**VIOLATION # 5** Date Determined **0 7 / 3 0 / 9 7**

New ☒ Change ☐ Delete ☐ Comments ☐

Agency **S** Number **20** Area **GLB** Class **2** Priority ☐ Type **SR**

Regulation Citation: **K.A.R. 28-31-14**

Description: **Failure to use the correct manifest number on LDRs for manifests 00043 through 00054**

Returned to Compliance

Sch'd **0 9 / 2 8 / 9 7**

Actual ☐ ☐ ☐

**VIOLATION # 6** Date Determined **0 7 / 3 0 / 9 7**

New ☒ Change ☐ Delete ☐ Comments ☐

Agency **S** Number **21** Area **GPT** Class **2** Priority ☐ Type **SR**

Regulation Citation: **K.A.R. 28-31-4(g)(4)**

Description: **Failure to provide a telephone or hand-held two-way radio for hazardous waste 90 day storage area**

Returned to Compliance

Sch'd **0 9 / 2 8 / 9 7**

Actual ☐ ☐ ☐

**VIOLATION # 7** Date Determined **0 7 / 3 0 / 9 7**

New ☒ Change ☐ Delete ☐ Comments ☐

Agency **S** Number **22** Area **GPT** Class **2** Priority ☐ Type **SR**

Regulation Citation: **K.A.R. 28-31-4(g)(4)**

Description: **Failure to familiarize local hospital as required by 40 CFR 265.37(a)(4)**

Returned to Compliance

Sch'd **0 9 / 2 8 / 9 7**

Actual ☐ ☐ ☐

**VIOLATION # 8** Date Determined **0 7 / 3 0 / 9 7**

New ☒ Change ☐ Delete ☐ Comments ☐

Agency **S** Number **23** Area **GPT** Class **2** Priority ☐ Type **SR**

Regulation Citation: **K.A.R. 28-31-4(g)(4)**

Description: **Failure to list name(s), home address, and telephone number of two alternate emergency coordinators**

Returned to Compliance

Sch'd **0 9 / 2 8 / 9 7**

Actual ☐ ☐ ☐

**VIOLATION # 9** Date Determined **0 7 / 3 0 / 9 7**

New ☒ Change ☐ Delete ☐ Comments ☐

Agency **S** Number **24** Area **GPT** Class **2** Priority ☐ Type **SR**

Regulation Citation: **K.A.R. 28-31-4(g)(4)**

Description: **Contingency Plan does not describe actions to be taken to respond to fires, explosions, or releases of hazardous waste**

Returned to Compliance

Sch'd **0 9 / 2 8 / 9 7**

Actual ☐ ☐ ☐

**VIOLATION # 10** Date Determined **0 7 / 3 0 / 9 7**

New ☒ Change ☐ Delete ☐ Comments ☐

Agency **S** Number **25** Area **GPT** Class **2** Priority ☐ Type **SR**

Regulation Citation: **K.A.R. 28-31-4(g)(4)**

Description: **Contingency Plan does not describe arrangements made with emergency response agencies**

Returned to Compliance

Sch'd **0 9 / 2 8 / 9 7**

Actual ☐ ☐ ☐

**ENFORCEMENT**

New ☒

Change ☐

Delete ☐

Date **9 7 / 0 7 / 3 0**

Number **20**

Agency **S**

Type **1 2 0**

District **SE**

Person **V S O**

**COVERED VIOLATIONS**

Agency	Violation Number	Area
S	1	GPT
S	2	GPT
S	3	GPT
S	4	GMR

Agency	Violation Number	Area
S	5	GLB
S	6	GPT
S	7	GPT
S	8	GPT

Agency	Violation Number	Area
S	9	GPT
S	10	GPT
S	11	GPT
S	12	GPT

Comments:

R00076522



# Hazardous Waste Compliance Monitoring and Enforcement Log

FORM  
B

ID Number **K S D 9 8 1 7 1 2 8 5 4**

Handler Name: Premier Turbines Independence

VIOLATION # <b>1 1</b>		Date Determined		M M	D D	Y Y
				<b>0 7</b>	<b>3 0</b>	<b>9 7</b>
New <input checked="" type="checkbox"/>	Change <input type="checkbox"/>	Delete <input type="checkbox"/>	Comments			
Agency	Number	Area	Class	Priority	Type	
<b>S</b>	<b>26</b>	<b>G P T</b>	<b>2</b>		<b>S R</b>	
Regulation Citation: <b>K.A.R. 28-31-4(g)(4)</b>						
Description: <b>Contingency Plan does not list the location of all emergency equipment</b>						
		Returned to Compliance		M M	D D	Y Y
				<b>0 9</b>	<b>2 8</b>	<b>9 7</b>
		Actual				

VIOLATION # <b>1 2</b>		Date Determined		M M	D D	Y Y
				<b>0 7</b>	<b>3 0</b>	<b>9 7</b>
New <input checked="" type="checkbox"/>	Change <input type="checkbox"/>	Delete <input type="checkbox"/>	Comments			
Agency	Number	Area	Class	Priority	Type	
<b>S</b>	<b>27</b>	<b>G P T</b>	<b>2</b>		<b>S R</b>	
Regulation Citation: <b>K.A.R. 28-31-4(g)(4)</b>						
Description: <b>Contingency plan does not include an evacuation plan that describes signals and evacuation routes</b>						
		Returned to Compliance		M M	D D	Y Y
				<b>0 9</b>	<b>2 8</b>	<b>9 7</b>
		Actual				

VIOLATION # <b>1 3</b>		Date Determined		M M	D D	Y Y
				<b>0 7</b>	<b>3 0</b>	<b>9 7</b>
New <input checked="" type="checkbox"/>	Change <input type="checkbox"/>	Delete <input type="checkbox"/>	Comments			
Agency	Number	Area	Class	Priority	Type	
<b>S</b>	<b>28</b>	<b>G P T</b>	<b>2</b>		<b>S R</b>	
Regulation Citation: <b>K.A.R. 28-31-4(g)(4)</b>						
Description: <b>Failure to have an established hazardous waste management training program</b>						
		Returned to Compliance		M M	D D	Y Y
				<b>0 9</b>	<b>2 8</b>	<b>9 7</b>
		Actual				

VIOLATION # _____		Date Determined		M M	D D	Y Y
New <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input type="checkbox"/>	Comments			
Agency	Number	Area	Class	Priority	Type	
<b>S</b>						
Regulation Citation: _____						
Description: _____						
		Returned to Compliance		M M	D D	Y Y
		Actual				

VIOLATION # _____		Date Determined		M M	D D	Y Y
New <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input type="checkbox"/>	Comments			
Agency	Number	Area	Class	Priority	Type	
<b>S</b>						
Regulation Citation: _____						
Description: _____						
		Returned to Compliance		M M	D D	Y Y
		Actual				

VIOLATION # _____		Date Determined		M M	D D	Y Y
New <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input type="checkbox"/>	Comments			
Agency	Number	Area	Class	Priority	Type	
<b>S</b>						
Regulation Citation: _____						
Description: _____						
		Returned to Compliance		M M	D D	Y Y
		Actual				

## ENFORCEMENT

New ☒

Change ☐

Delete ☐

Date **9 7** **0 7** **3 0**

Number **26**

Agency **S**

Type **1 2 0**

District **S E**

Person **V S O**

## COVERED VIOLATIONS

Agency	Violation Number	Area
<b>S</b>	<b>1 3</b>	<b>G P T</b>
<b>S</b>		
<b>S</b>		
<b>S</b>		

Agency	Violation Number	Area
<b>S</b>		
<b>S</b>		
<b>S</b>		
<b>S</b>		

Agency	Violation Number	Area
<b>S</b>		
<b>S</b>		
<b>S</b>		
<b>S</b>		

Comments: \_\_\_\_\_